GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS SINGLE FAMILY DEVELOPMENT PROGRAM INPSECTOR VERIFICATION FORM

Applicant:	Inspection#:
Unit Address:	Final:
Project County:	
above property address meet all application. Development Minimum Construction Star Family Development funding application the applicable state codes as of	oted in the attached inspection report performed at the able codes of the local community, the Single Family and ards, and the Applicants representation in the Single to DCA, or in the absence of local codes and standards20 elow, I verify that the work completed is acceptable and
Signature	Date
Print Name	Title
Organization	Phone Number